

Doc ID --&gt;

200335701468



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/23/2003	200335701468	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

BAKER & HOSTETLER  
65 E. STATE ST., SUITE 2100  
COLUMBUS, OH 43215

**STATE OF OHIO****Ohio Secretary of State, J. Kenneth Blackwell**

1429309

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**ADVANCE TEMPORARY HELP SERVICES, INC.**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**200335701468**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 23rd day of December,  
A.D. 2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State

**EXHIBIT****1-A**

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Prescribed by J. Kenneth Blackwell

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input checked="" type="radio"/> Yes	PO Box 1380 Columbus, OH 43216 Requires an additional fee of \$100**
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input type="checkbox"/> Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession ORC 1785
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Complete the general information in this section for the box checked above.

FIRST:	Name of Corporation	Advance Temporary Help Services, Inc.
SECOND:	Location	Beachwood Cuyahoga
	(City)	(County)
Effective Date (Optional)	Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.	
	(mm/dd/yyyy)	
<input type="checkbox"/> Check here if additional provisions are attached		

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD:	Purpose for which corporation is formed

Complete the information in this section if box (1) or (3) is checked.

FOURTH:	The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)		
	1,500	Common	No Par Value
	(No. of Shares)	(Type)	(Par Value)
(Refer to instructions if needed)			

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Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as Initial Directors

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

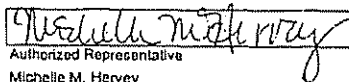
(State)

(Zip Code)

## REQUIRED

Must be authenticated  
(signed) by an authorized  
representative

(See Instructions)



Authorized Representative

Michelle M. Hervey

(print name)

December 22, 2003

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

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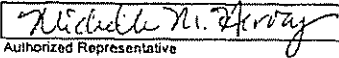
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Complete the information in this section if box (1) (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Advance Temporary Help Services, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

A. G. C. Co.  
(Name)  
65 E. State Street, Suite 2100  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
Columbus Ohio 43215  
(City) (Zip Code)

Must be authenticated by an authorized representative	 Authorized Representative	December 22, 2003 Date
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Authorized Representative	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Authorized Representative	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, A. G. C. Co. named herein as the  
 Statutory agent for, Advance Temporary Help Services, Inc.  
 hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Gary A. Wadman  
(Statutory Agent) Gary A. Wadman, Vice President